

Heartbeat International Mail-In Donation Form

Name _____

Address _____

City/State/Zip _____

Phone _____

Email _____

You have my permission to receipt and update me by email.

Use My Gift to:

Develop leaders for the pregnancy help movement worldwide

Connect women considering abortion to Heartbeat's pregnancy help centers through Option Line.

As needed or Other _____

Giving Method

Enclosed is my check payable to Heartbeat International \$ _____

Please charge my credit card once for \$ _____

Credit Card

Card type Visa M/C Discover Card American Express

Account # _____

Expiration _____ Today's Date _____

Signature _____

Mail to: Heartbeat International
665 E. Dublin-Granville Road
Suite 440
Columbus OH 43229

Phone: 614-885-7577
Toll Free: 888-550-7577
Fax: 614-885-8746